Chosen Care Limited

Yew Tree House

Inspection report

Church Square
Blakeney
Gloucestershire
GL15 4DX

Tel: 01594517023
Website: www.chosencare.co.uk

Date of inspection visit:
12 September 2017
13 September 2017

Date of publication:
12 October 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Yew Tree House is a residential care home for nine adults. People living at the home have a range of sometimes complex needs including learning and physical disabilities. There are two floors; people with physical disabilities live on the ground floor. At the time of our inspection there were nine people using the service. At the last inspection on 22 May 2015, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

People felt safe in the service and with the staff who supported them. Staff understood how to protect people from harm and abuse. Risks to people's safety were identified and clear, detailed support plans were followed by staff. Environmental risks were assessed and managed appropriately. There were sufficient staff on duty and recruitment procedures were thorough. People received their medicines as prescribed.

People were supported by knowledgeable staff who received ongoing training and support to maintain or improve their skills and competency. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to eat and drink sufficient amounts and the service worked closely with external healthcare professionals to meet people's complex needs.

People received support from caring staff who valued and understood them. People's privacy was respected and they were treated with dignity and kindness.

People were supported to maintain relationships with others who were important to them. They received personalised and responsive care which enabled them to live as full a life as possible and to experience stability and make progress when previously this had been lacking. A relative said, "He's blossomed since he's been here. It's so good as parents to be able to say that". People could raise concerns about the service and have their complaints listened to.

Everyone we spoke with commented positively on the leadership of the service. There were systems in place to seek the views of people, their relatives, staff and visiting care professionals. Additional systems ensured key messages were communicated and the quality of the service was closely monitored. The registered manager put people's needs first and always strove to improve the service for people.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Yew Tree House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. The inspection took place on 12 and 13 September 2017 and was unannounced. One inspector carried out the inspection.

Before the inspection, we reviewed information we hold about the service including notifications. A notification is a report about important events which the service is required to send us by law. A Provider Information Return (PIR) was not requested prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was gathered at the inspection.

As part of this inspection we spoke with three people using the service. Most people were unable to talk with us due to their complex needs. However, we observed how staff interacted with all nine people resident at the service. For example, during lunch and during day to day activities, such as preparing food. We spoke with two people's close relatives and with two health and social care professionals. We reviewed feedback given to the provider by people, their relatives and health and social care professionals who regularly visited people at the service.

We reviewed three people's care and support records. We checked medicines records for four people and observed a staff member administering medicines. We reviewed the processes in place for managing medicines and the use of 'as required' medicines. We spoke with the manager, five care and one domestic staff members. We looked at recruitment records for three staff, staff training records, the staff rota, policies, complaints, accident and incident records, minutes from three meetings and reviewed the provider's quality assurance systems. We also reviewed records relating to the Deprivation of Liberty Safeguards (DoLS) in place for eight people.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse as staff understood their role in protecting people and followed the processes in place to safeguard them. People confirmed they felt safe living at Yew Tree House. People were listened to and staff acted on their behalf to raise concerns. Staff comments included, "Staff will come to a senior [staff member] if they are questioning another staff member's practice.", "If there's anything, even if it comes to nothing, it's reported." and "People are happy, they know they can talk to us about how they are feeling." The registered manager said, "It's about being open, recording everything and being transparent as a team". Relatives commented; "He's happy, he's always laughing" and "I'm completely happy with everything. He's very settled. He loves going back there [after visiting family at home]".

Risks to people were minimised while their freedom was supported. People had individual risk assessments in place which identified potential risks to them and others. Risk assessments and associated support plans took into account fluctuations in some people's heath and support needs: Setting out in detail how they were supported during periods of ill-health and how to support them when they were well. Restrictions were applied only when needed to keep people safe. People were supported to participate in their chosen activities as soon as they were well enough to do so. An external professional said about the service, "Despite the high level of care need, they don't restrict opportunities, including in the community. They are fully aware of the risks and precautions are in place".

People were protected from risks associated with fire, legionella, hot water and electrical equipment through regular checks and management of identified risks. Personal fire evacuation plans were in place for each person. Health and safety checks were completed by staff each day which included monitoring cleaning routines, fire prevention strategies, infection control and food hygiene measures. The service was clean and well maintained at the time of our visit. Relatives and visiting health professionals confirmed it was a clean and pleasant place to be.

People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. All required checks had been carried out before new staff were employed to support people at the home. Adequate staffing levels were maintained. The registered manager was recruiting at the time of the inspection. This was in response to a recent increase in people's support needs and staff changes. Staffing was arranged to meet the needs of people using the service. Two bank staff were employed to support regular staff and the registered manager and their deputy provided care when needed. We saw that staff were busy but people's needs were met without compromising the quality of the support provided. Staff were confident and knowledgeable in their roles and were able to access appropriate support from seniors or managers at all times.

People's medicines were managed safely. Support plans included advice from health professionals and specific prompts or techniques to be used, to assist each person to take their medicines safely. Protocols to guide staff in use of 'as required' medicines and 'over the counter' remedies had been agreed with health professionals. Staff knew people's support needs and followed the guidance in place. Medicines

administration records (MAR charts) were completed appropriately, including action taken if someone was unable to take their medicine as prescribed. Medicines were stored in a cool and locked environment and regular checks were completed to maintain appropriate stock levels.

Good

Is the service effective?

Our findings

People using the service were supported by staff who received suitable training and support for their role. Staff received basic training including health and safety, fire safety, first aid, moving and handling, equality and diversity, infection control and food hygiene. They also completed specialist training to meet the needs of people using the service. This included epilepsy, positive behaviour support and communication. Staff were confident when interacting with people and demonstrated appropriate knowledge when describing people's support needs. They told us they met regularly with a more senior staff member to discuss their performance, support and training needs. Staff comments included, "There's a good induction programme", "We've got some long-term courses that we do at home such as mental health and autism. We send our workbooks to be marked" and "I didn't realise what backup was until I worked here".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. When people were able to consent to care and treatment staff supported them to do so. For example, a person was asked whether an appointment offered by their optician suited them. People were routinely offered choices in their day to day lives and these were respected. Assessments detailed aspects of people's lives they were able to make decisions about, such as personal care and food choices. An external professional said, "They [staff] are aware of MCA assessments, I don't have to explain".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications for authorisation to deprive five people of their liberty had been approved; another three authorisations were in the process of being reassessed. There were no conditions relating to the authorisation of these applications.

People were consulted about their meal preferences and healthy options were offered. A staff member said, "I've incorporated most of their requests into the new menu". On the days we visited, fresh fruit, salad and vegetables were included in meals. People's weight and intake was monitored to ensure they received a suitable diet. Plate guards were used to allow two people to eat independently. Staff prompted people to "slow down" or stop between mouthfuls if they were eating too quickly and putting themselves at risk. One person was supported with short instructions such as, "hand to beaker" and "beaker to mouth". The staff member praised their efforts saying, "Brilliant [name], well done". They were proud of the progress this person had made with eating more independently since moving in. Another person we tracked received all fluid and nutrition via a feeding tube in accordance with their hospital feeding plan.

People were supported to maintain their health and received ongoing support to access health and specialist services. People's well-being was closely monitored and staff were quick to respond to minor changes which may result in a hospital admission if untreated. Relevant factors such as people's sleep,

epilepsy and behaviour patterns were monitored and tele-monitoring was used in cooperation with the GP practice. Tele-monitoring allowed health professionals to monitor and review people's vital signs, such as blood pressure without the person needing to attend the surgery. Staff were quick to respond to potential health concerns. For example, when a relative told staff a person was 'chesty' a GP appointment was arranged for them the same afternoon. A health professional said, "When you write care plans here they are followed". On the face of it people look stable, but they are not. There are a couple of people here with significant health concerns. They [staff] have done really well. They have been outstanding in how they have looked after people."

Good

Is the service caring?

Our findings

Each person had a 'keyworker' who supported them regularly and was involved in reviewing and updating their support plans. Staff spoke fondly of people and knew what was important to them. They described people's personalities with affection and knew how they communicated best with others. Staff were allocated to each person at the beginning of the shift and worked as team to support each other. One person, whose care we tracked, had intensive support needs when they were unwell. During these times staff were allocated to provide one to one support for short periods only and could ask to be relieved at any time. These arrangements contributed to a positive environment where everybody was valued. An external professional commented, "It has a comfortable atmosphere. Staff are friendly and inviting, not harassed". They were impressed because although people had "very complex needs", "staff were fully aware of these" and "seem to really understand them". A relative said, "It's the little things. They are very thoughtful. It's like home from home".

We observed a person pull a staff member toward them for a cuddle. They responded with, "You want a cuddle do you?", as they gave him a hug. They maintained a professional approach and when this person asked for another hug, they gently redirected them back to their activity. They said, "I've got a soft spot for him." Staff told us about this person's recent bereavement and how they supported them with this, while respecting their family's wishes. Staff told us how important it was for a person's close relatives to know they would be cared for when they were no longer around. People's end of life wishes had been explored with them and/or their close relatives. Their wishes and religious preferences were documented in easy read format and people had signed these when possible.

Staff interactions with people were respectful and inclusive. Staff sat alongside people while supporting them with activities and ate their meals while supporting the people next to them. People were acknowledged by staff when they entered the room, for example with, "Hello [name] how are you this morning? When one person made a disrespectful comment about another person staff intervened to stop this and gently remind them that this wasn't acceptable. People had opportunities to spend private time with their families and staff maintained their confidentiality and privacy. For example, speaking in a lowered voice when communicating to another staff member about one person's hospital visit. A visiting professional confirmed they were able to meet people in private.

People were valued and involved. They asked staff when there was something they wanted and their questions were answered. During an activity we observed people were relaxed and smiling and clearly felt good about what they had made. People's work was displayed on the wall once finished, as they had requested. Staff offered people support but respected their wishes if this was declined. For example, help with moving in a wheelchair from one place to another. Staff told us how people were supported to express their views and wishes. For example, with use of communication aids and by arranging care reviews on a date the person would to be well enough to contribute, or their relative would be able to attend. One person told us they had been invited to the registered manager's upcoming wedding. They smiled broadly when talking about this; they were excited and looking forward to it. People had access to advocacy services and staff worked with advocates appointed on people's behalf by the local authority.

Good

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. People's support plans included information about their background, family relationships, personalities, preferences and any adaptations in place to assist them. For example, one person used assistive technologies to enable them to control lights, their music system and television. An electronic communication aid was in use to help them interact meaningfully with others. This had been adapted recently to suit the person's personality, after staff noticed they always involved themselves in 'banter' rather than use the existing phrases on the device. One said, "[Name] works very much on facial expressions and loves it when you have done something wrong." We observed this person interacting with staff, throwing their head back in laughter, loving being the centre of attention and a staff members' suggestion they had done something naughty."

We observed a staff member prepare a drawing for a person with poor eyesight to colour. They drew thicker black lines around some areas and described this to the person, helping them to recognise different parts of the picture and enabling them to work independently. They later said to the staff member, "I'm good [at this] aren't I". When they had previously expressed a wish to move nearer to family, staff had arranged for them to discuss their options with a social worker. Another person was guided to sit down at the table using short, step by step, instructions. Their relative said, "They [staff] know him very well. He doesn't like to be rushed. They know it's not all about the activity. It's amazing the things he does there. He's grown because of that. They take the time to ensure he gets the best of it. He makes the most of every day and they enable him to do that."

Through close monitoring and observation of patterns in one person's behaviours, staff were able to predict when they would be well. Special trips out were arranged for well periods. For example, tickets to an Elvis tribute act were being bought as this person loved Elvis and the date was right for them. Despite their very complex and challenging needs, we saw how they were routinely involved in their care reviews and support planning. Close relationships and previous placements for this person had broken down prior to them moving to Yew Tree House seven years earlier. The registered manager said, "I am really proud that we have maintained a lot of these placements when other places have not been able to do that". Another person's relative told us they had been invited to a staff training session in administration of a rescue medicine for epilepsy. They told us this, "made me feel more confident" so they could relax when their relative visited them at home.

Information about advocacy services and complaints processes were displayed in the hallway. Easy read, large print, versions were available. Everyone we spoke with about the service felt able to approach the registered manager with any concerns or complaints and said their door was always open. A relative said, "In the past I would have thought I always had to be there. Now it isn't an issue, I have confidence in the staff to keep me informed. To be able to hand over some of those responsibilities is such a big thing… They've made it so easy". Feedback from people who used the service, their relatives and professionals involved in people's care, was sought annually. We reviewed feedback given in 2017 and found this was positive and any questions raised had been answered. Comments included, "She is valued and settled and has everything she needs" and "The building is lovely and not clinical. Nice garden". No complaints or

suggestions had been received since the last inspection.

Each person had a hospital passport, outlining their support needs, should they need to be admitted. The registered manager told us about a recent planned admission for one person. This person's family were unable to support them so staff stayed with them throughout their admission. This was important as the person didn't like hospital and had complex communication and support needs. Staff worked in collaboration with health providers and external agencies and agreements were in place detailing when staff should make referrals for two people. A health professional described "good work between the GP practice and the home" to meet the needs of one person for whom the move, from out of area, "could have gone disastrously wrong". Instead, the home environment had "enabled" this person "to mature". Another professional told us the detailed monitoring carried out by staff, helped them to evidence people's care needs and to apply for the right level of support. People regularly participated in community events and the service provided feedback to the county council, to meet people's needs, when the recreation ground was updated.

Good

Is the service well-led?

Our findings

The registered manager was involved in preparing Yew Tree House for opening and had been registered to manage the home since January 2010. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager notified the CQC of important events affecting people using the service as required. Ratings from our previous inspection were displayed in the home's entrance. The easy read and full inspection reports were readily available to people in the home.

The provider's aim, to "support those with vulnerability and offer empowering tools by which to develop their independence, choice, rights and inclusion", was demonstrated by the registered manager and their staff team. A visiting professional said, "It's one of the better homes…The way they treat people as individuals is very good." A relative said, "We've had so many bad experiences in the past. He's blossomed since he's been here". Everyone we spoke with described an open, inclusive culture where staff were "friendly and inviting".

Staff spoke highly of the registered manager and respected them: Describing them as, "fair", "very supportive", "approachable", "always on call" and "one of us". They said, "She wouldn't ask you to do anything she wouldn't do herself", "As long as you are truthful and upright she's supportive", "It's a great home". When asked if the registered manager knew what was happening in the home one replied "Oh my life, she's like a hawk". The registered manager said, "You are dealing with other human beings, you don't just walk out of the door and switch off." A relative said, "There's such a quiet and relaxed atmosphere. There doesn't appear to be any underlying tension".

The home was busy but well organised during our visit, with people involved in a variety of community and home based activities and attending health care appointments. Information about people's well-being and any additional needs for the day was communicated during handover. All staff regularly referred to the home's diary and communication books to make sure nothing was missed. This included pro-active following-up on specialist equipment delivery and "chasing" referrals, with the aim that people would have their needs met without undue delay. Minutes of staff meetings demonstrated that changes and the registered manager's expectations of them were clearly communicated to staff. Staff were reminded of the impact they had on the service and were given opportunities to discuss what was working well or not so well at the home.

Staff told us the information available to the public about the home could be improved as it did not always reflect the complex needs of people living at the home. Because of this, they felt new staff were not always aware of the challenges of the role and their skills were not officially recognised. Updates to the service's statement of purpose and to service user bands registered with CQC were discussed with the registered manager, as we agreed that these could better reflect the service provided. The registered manager told us they would take this to the provider to action. A robust system of audits and checks was in place to monitor

the quality of the service. Regular checks of the service provided were carried out at all levels, including monthly reports to the provider, provider visits, spot checks, and quality audits by the registered manager at the provider's other residential service. The registered manager said, "We're always striving to improve".